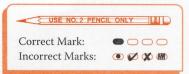
DoD Dental Patient Satisfaction Survey





DD-HA (AR) 2040 Exp: 09/30/10

This survey asks you about <u>TODAY'S</u> dental visit. Please answer all questions unless directed otherwise.

THA	ANK YOU FOR YOUR TIME!								
1.	What was the MAIN purpose of TOI Exam only Cleaning Only Exam and Cleaning Only Emergency Care or Sick Call General Dentistry (fillings)	OAY'S visit? (Choose Only One) Oral Surgery Endodontics (root canal) Periodontics (gums) Prosthodontics (crowns / bridges)	Ortho Pedod Orofac Other	ontics	(chile	lren)	c.)		
2.	Who did you see during <u>TODAY'S</u> vi ○ Dentist Only	sit? (Choose Only One) — Hygiene Provider Only	Both I	Dentis	t and	Hygie	ne Pro	ovider	
Thin	king about <u>TODAY'S</u> dental visit, ple	ase rate the services you received.	Very		Undec		ten	Disse	
AN	NSWER 3 THRU 9 ONLY IF YOU	J SAW A DENTIST		oot	poor	ded	Very Cood	ood	
3	Friendliness and courtesy of the denti-	st		0	0	0	0	0	
4.	. Attention given to what you had to say					0	0	0	
5.	Thoroughness of treatment and / or exam you received					0	0	0	
6.	Explanation of dental procedures	uty orders		0	0	0	0	0	
7.	Amount of time you had with the den		0	0	0	0	0		
8.	How much you were helped by the ca	re you received from the dentist		0	0	0	0	0	
9.	Overall quality of care and services yo	u received from the dentist		0	0	0	0	0	
		SAIr Force							
Ar	NSWER 10 AND 11 ONLY IF YO	U SAW A HYGIENE PROVIDER							
10.	Friendliness and courtesy of the hygiene provider					0	0	0	
11.	Overall quality / thoroughness of care received from the hygiene provider					0	0	0	
12.	Helpfulness and courtesy of front desl	c / reception personnel		0	0	0	0	0	
13.	All things considered, how satisfied ar	e you with the dental care you received du	uring TOD	AY'S	visit?				
14.		omewhat Neither Satisfied Somewhat satisfied nor Dissatisfied Satisfied Satisfied Control of the TODAY'S visit?		Very Completely Satisfied Satisfied					
	Yes No	ura en vuy set Uniformed Service Univer							
15.	How many days were there between the Unknown (GO to Question 17) No Appointment: Walked In (GO) Same Day 1 Day	to Question 21) 4-7 Days	and TODAY 22-30 Days More than 30 More than 3) days	for so	our ch	oice		available

16.	How do you rate the number Very Poor Poor	er of <u>DAYS</u> you waited for you Undecided	our appointm Good	ent? Very Good		
				0		
17.	Were you seen at your scheo Yes (GO to Question 2)		stion 18)			
18.	Did anyone explain the reas Yes No	on for the delay?				
19.	How many minutes did you 1 - 15 minutes 16 - 30 minutes	○ 31 - 45 minutes	ppointment ti	me? More than 60 m	inutes	Winces C. Exemos
20.	How do you rate the amount Very Poor Poor	t of time you waited <u>past yo</u> Undecided		ent time? Very Good		
21.	In general , how satisfied ar Completely Very Dissatisfied Dissatisfied	Somewhat Neit	RALL ability her Satisfied Dissatisfied	Somewhat	lental needs? Very Satisfied	Completely Satisfied
22.	Are you Male or Female?					
	○ Male	Female				
23.	What type of Beneficiary ar Active Duty Family Member of Active Retiree Family Member of Retire Reservist 30 days or LES	e Duty	ReseNatiCon	onal Guard 30 days o rvist <u>MORE</u> than 30 onal Guard <u>MORE</u> th tract / DoD Civilian i ign Military / Foreig	days on Activ nan 30 days o Employee	ve Duty orders
24.	If active duty, what is your o			- om (o		
	Enlisted (E-1 to E-4)Enlisted (E-5 to E-9)	Warrant OfficeOfficer (O-1 to		Officer (OCadet / Mi		
25.	What is your (or your spons US Army	or's) current Service? US Marine Co	arns	US Coast C	Guard / LISPE	How much you we
	US Navy	US Air Force	трз	Other	Juaru / OSI I	10
26.	How old are you? 17 years and under	20 - 29 years		40 - 49 yea	rs	
	○ 18 - 19 years	○ 30 - 39 years		50 years or		
27.	If you had a choice, would y Yes	ou return to this dental facil	lity for your d	ental care needs? Don't Kno		
Do N	Oot Write Below This Line. Clinic ID	Clinic Staff Will Enter Clin	ic ID Numbe	r in Box Below.		

		Clini	ic ID			
	elener				W	
0	0	0	0	0	0	
D	D	1	1	1	1	
2	2	2	2	2	2	
3	3	(3)	3	(3)	3	
4	4	4	4	4	4	
(5)	(5)	(5)	(5)	(5)	(5)	
6	6	6	6	6	6	
7	0	7	7	7	7	
(8)	(B)	(8)	(8)	(8)	(8)	
9	9	9	9	@	9	

Return survey to: Uniformed Services University of the Health Sciences, Tri-Service Center for Oral Health Studies, 4301 Jones Bridge Road, Bethesda, MD, 20814-8901